1324856



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION

OMB APPE						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per respon	nse 16.00					

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DATE	RECEIVED
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Name of Offering (000	UNIFORM LIM	IITED OFFERING EXE	MPTION		
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (· · ·	· · · · · · · · · · · · · · · · · · ·	
A. BASIC IDENTIFICATION DATA I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Memorial Hermann Surgery Center Southwest, L.L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 713-343-0844 713-343-0844 Telephone Number (including Ares Code) 713-345-0844 Telephone Number (including Ares Code) 71					/	<u> </u>
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Rule 505 Rule 506 Section	4(6) ULOE		
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Memorial Hermann Surgery Center Southwest, L.L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 713-343-0844 713	I. Enter the information	equested about the issuer			1	
Address of Executive Offices (Number and Street, City, State, Zip Code) 713-343-0844 Modress of Principal Business Operations (Number and Street, City. State, Zip Code) 713-343-0844 Telephone Number (including Area Code) 713-343-0844 Telephone Number (including Area Code) 715-343-0854 Telephone Number (including Area Code) 715-345-0854 Telephone Number (inclu	lame of Issuer (chec	c if this is an amendment and name h	as changed, and indicate change.)			مرد کا تا فبیلان الس لان م
Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities in the date it is received at or certified mail to that address. Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549. Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549. Chotoscopies Required: A new filing must contain all information requested. A new filing must contain all information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need to ULOE and that have adopted this form. Issuers relying of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities in those Securities in the securities in Parts A and B. Part E and the Appendix need to ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale	Memorial Hermann S	irgery Center Southwest, L.L.	Р.			
Address of Principal Business Operations (Number and Street, City. State, Zip Code) Telephone Number (Including Area Code) T		·- (··		, I		ng Area Code
Generation of a Licensed Freestanding Ambulatory Surgery Center Special Description of Business Organization					· · · · · · · · · · · · · · · · · · ·	inned rate Chao)
Operation of a Licensed Freestanding Ambulatory Surgery Center Type of Business Organization corporation limited partnership, already formed Limited Liability Partnership.			rumber and Succe, City. State, Zip Cod	retephon	MAIL	
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corporation business trust limited partnership, already formed Limited Liability Partnership. Actual or Estimated Date of Incorporation or Organization: Month Year			urgery Center		F JOH	<u>% 2 2005</u>
Limited Liability Partnership. Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) SENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 17d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be shotocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale	• • • • • • • • • • • • • • • • • • • •		n almady formed	ner (please specify):	TEU.	- 00
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JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale	State:					
accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part chis notice and must be completed.	ULOE and that have ado are to be, or have been m accompany this form. Th	ted this form. Issuers relying on UL ade. If a state requires the payment s notice shall be filed in the approp	OE must file a separate notice with of a fee as a precondition to the clai	the Securities Adr m for the exempti	ninistrator in ca on, a fee in the	ch state where s proper amount s
ATTENTION			ATTENTION			·
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.	appropriate federal	notice will not result in a loss o				
Persons who respond to the collection of information contained in this form are not			11			

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			BASIC IDE	NTIF	ICATION DATA				
2. Enter the information re	quested for the fo	llowing							
· Each promoter of the	issuer, if the issu	er has	been organized wit	hin th	ic past five years,				
· Each beneficial owner	having the power	to vote	or dispose, or direct	the v	ote or disposition of	, 10%	or more of	a class	of equity securities of the issuer.
• Each executive office	r and director of	corpora	ate issuers and of co	rporat	te general and mana	ging p	ertners of	partner	ship issuers; and
Each general and man	naging partner o	f partne	ership issuers.						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				· · · · · · · · · · · · · · · · · · ·				
Memorial Hermann / U	SP Surgery Ce	nters	III, L.L.P.						
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Code	;)					
3050 Post Oak Bouleva	rd Suite 620, I	louste	on, Texas 77056						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director	Ģ	General and/or Managing Partner
Full Name (Last name first, if	individual)								
Memorial Hermann Hos	spital System								
Business or Residence Addre		Street,	City, State, Zip Code	e)					
7737 Southwest Freewa	y, Suite 200, I	louste	on, Texas 77074						
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · ·							
Jones, David L.									
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Cod-	c)					······································
7737 Southwest Freewa	y, Suite 200, I	Tousto	on, Texas 77074		*				
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						·		
Vasquez, Christann									
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Cod	c)					
7600 Beechnut, Housto	n, Texas 7707	4							
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Yarbrough, Lori									
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Cod	c)					
3050 Post Oak Bouleva	rd, Suite 620,	Houst	on, Texas 77056	j					
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Wellik, John									
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Cod	c)					
15305 Dallas Parkway,	Suite 1600 - I	JB 28,	Addison, Texas	750	01				
Check Box(es) that Apply:	Promotor		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addr	ess (Number and	Street,	City, State, Zip Cod	c)					
	(Use b	lank sh	ect, or copy and use o	dditio	onal copies of this she	cct, as	necessary)		

				В.	INFORMA	TION ABO	UT OFFER	UNG				
											Yes	No
I. Has the	issuer so	ld, or does	the issuer	intend to s	ell, to non-	-accredited	investors	in this off	ering?		🗵	
			A	nswer also	in Append	lix, Colum	n 2. if filin	g under UI	LOE.			
2. What is	the minin	num invest	ment that	will be acc	epted fron	any indiv	vidual?	***********	************		S <u>7,50</u>	10
3. Does th	e offering	permit joi	nt ownersh	nip of a sir	ngle unit?						Yes	No X
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commis If a pers or states	sion or sin son to be li s, list the n	nilar remun sted is an a ame of the you may	eration for s ssociated po broker or d	solicitation erson or ag ealer. It mo	of purchasent of a broomer than five	sers in com oker or dea e (5) perso	nection with ler registere ns to be list	n sales of s ed with the ed are asso	ecurities in SEC and/	the offerior with a st	ng. ate	
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		Broker or	Dealer									
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[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS]	[OM] [A¶]
[RI]	[SC]	[SD]	[TN]	[108]	[UT]	[VT]	[VA]	[WA]	[MA]	[w]	[OR] [WY]	[PR]
[101]	[SC]	[30]	[114]	[star]	[01]	[4 1]	[10]	[WM]	[** *]	[44 1]	[** 1]	[110]
Full Name	(Last nam	e first, if in	dividual)			·					<u> </u>	
,		ce Address		and Street,	City, State,	Zip Code)					•
Business	or Residen	cc Address	(Number a	and Street,	City, State,	Zip Code)					
Business	or Residen		(Number a	and Street,	City, State	Zip Code)					
Business of	or Residen	cc Address	(Number a									
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Business of A States in V (Check [AL] [IL]	Associated Which Persock "All State [AK]	Broker or son Listed tes" or chec	(Number a Dealer Has Solicit k individua [AR] [KS]	ed or Intental States) [CA] [KY]	ds to Solic	it Purchaso	(DE)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
Business of A States in V (Check [AL] [IL] [MT] [RI]	Associated Which Periok "All State [AK] [IN] [NE] [SC]	Broker or son Listed tes" or check [AZ] [IA] [NV]	(Number a Dealer Has Solicite individual [AR] [KS] [NH] [TN]	ed or Intendal States) [CA] [KY] [NJ]	CO] [LA] [NM]	[CT] [ME] [NY]	(DE) [MD) [NC]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
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Business of A States in V (Check [AL] [IL] [MT] [RI]	Associated Which Persock "All State [AK] [IN] [NE] [SC]	Broker or I son Listed tes" or chec [AZ] [IA] [NV] [SD]	(Number a Dealer Has Solicit ck individua [AR] [KS] [NH] [TN]	ed or Intental States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Business of A States in V (Chec [AL] [IL] [MT] [RI] Full Name Business of	Associated Which Persock "All Sta [AK] [IN] [NE] [SC]	Broker or son Listed tes" or chec [AZ] [IA] [NV] [SD]	(Number a Dealer Has Solicite individual [KS] [NH] [TN]	ed or Intental States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Business of A States in V (Chec [AL] [IL] [MT] [RI] Full Name Business of A	Associated Which Persock "All State [AK] [IN] [NE] [SC] (Last name or Residen	Broker or son Listed tes" or chec [AZ] [IA] [NV] [SD] te first, if ince Address	(Number a Dealer Has Solicite ck individua [AR] [KS] [NH] [TN] dividual) (Number a	ed or Intentil States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD) [NC] [VA]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Business of A States in V (Chec [AL] [IL] [MT] [RI] Full Name Business of A States in V	Associated Which Persek "All State [AK] [IN] [NE] [SC] (Last name or Residen Associated	Broker or less and Listed (AZ) [IA] [NV] [SD] are first, if in a cc Address Broker or less and Listed	(Number a Dealer Has Solicit ck individua [AR] [KS] [NH] [TN] dividual) (Number a Dealer Has Solicit	ed or Internal States) [CA] [KY] [NJ] [TX] and Street,	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD) [NC] [VA]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Business of A States in V (Check [AL] [IL] [MT] [RI] Full Name Business of A States in V (Check (Che	Associated Which Perseck "All Sta [AK] [IN] [NE] [SC] (Last name) Associated Which Perseck "All Sta	Broker or son Listed tes" or check [AZ] [IA] [NV] [SD] are first, if in the ce Address Broker or son Listed tes" or check tes" or check tes" or check tes and tes are consisted tes are co	(Number a Dealer Has Solicite individual [AR] [KS] [NH] [TN] dividual) (Number a Dealer Has Solicite individual	ed or Intend States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Business of A States in V (Check [AL] [IL] [MT] [RI] Full Name Business of A States in V (Check [AL]	Associated Which Persock "All Sta [AK] [IN] [NE] [SC] (Last name) Associated Which Persock "All Sta [AK]	Broker or less and Listed tes" or check [AZ] [IA] [NV] [SD] are first, if in the ce Address Broker or son Listed tes" or check [AZ]	(Number a Dealer Has Solicite individual [KS] [NH] [TN] dividual) (Number a Dealer Has Solicite individual [AR]	ed or Internal States) [CA] [KY] [NJ] [TX] and Street, ed or Internal States) [CA]	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT] Zip Code	[DE] [MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Business of A States in V (Check [AL] [IL] [MT] [RI] Full Name Business of A States in V (Check (Che	Associated Which Perseck "All Sta [AK] [IN] [NE] [SC] (Last name) Associated Which Perseck "All Sta	Broker or son Listed tes" or check [AZ] [IA] [NV] [SD] are first, if in the ce Address Broker or son Listed tes" or check tes" or check tes" or check tes and tes are consisted tes are co	(Number a Dealer Has Solicite individual [AR] [KS] [NH] [TN] dividual) (Number a Dealer Has Solicite individual	ed or Intend States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0 2	s o
	Equity		
	Common Preferred		, , , , ,
	Convertible Securities (including warrants)	<u>s o</u>	<u>5 0</u>
	Partnership Interests.		
	Other (Specify)		<u>s_o</u>
	Total		<u>s 1,537,500</u>
	Answer also in Appendix, Column 3. if filing under ULOE.		
2. E	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		S 1,417,500
	Non-accredited Investors.		
	Total (for filings under Rule 504 only)	 	· \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3. I	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	i	
	To a conferment	Type of Security	Dollar Amount Sold
	Type of Offering Rule 505	•	. S
	Regulation A		
	Rule 504		S
	Total		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	:	
	Transfer Agent's Fees] \$
	Printing and Engraving Costs		S 2,000
	Legal Fees		2 50,000
	Accounting Fees		S 3,000
	Engineering Fees] S
	Sales Commissions (specify finders' fees separately)	_] s
	Other Expenses (identify) Costs and Expenses of The Securities Group, LLC		\$ 5,000

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	D USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C-and total expenses furnished in response to Part C-Question 4.a. This difference is the "adproceeds to the issuer."	djusted gross	s 1,477,500
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to each of the purposes shown. If the amount for any purpose is not known, furnish an escheck the box to the left of the estimate. The total of the payments listed must equal the adproceeds to the issuer set forth in response to Part C—Question 4.b above.	stimate and	
	Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees	ss	. 🗆 S
Purchase of real estate		
Purchase, rental or leasing and installation of machinery and equipment		
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ss	
Repayment of indebtedness		· · · · · · · · · · · · · · · · · · ·
Working capital	ss	¥ \$477,500
Other (specify):	[] S	s
	S	. 🗆 S
Column Totals	ss	¥ \$ 1,477,500
Total Payments Listed (column totals added)		477,500
D. FEDERAL SIGNATURE	J	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. I ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchance information furnished by the issuer to any non-accredited investor pursuant to paragraph (nge Commission, upon writter	
ssuer (Print or Type) Signature	Date	
Memorial Hermann Surgery Center Southwest, L.L.P.	June 16, 2005	
lame of Signer (Print or Type) Title of Signer (Print or Type)		
Chase Neal Vice President, The Securities G	Group, LLC	

ATTENTION ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATUR	E		
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?		•	Yes	No ∡
	See	Appendix, Column 5, for star	e response.		
2.	The undersigned issuer hereby undertakes to fu D (I 7 CFR 239.500) at such times as required	•	r of any state in which this notice is f	iled a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administr	ators. upon written request, informa	tion furni	shed by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the stoof this exemption has the burden of establish	ate in which this notice is filed	and understands that the issuer claim		
	ter has read this notification and knows the conte thorized person.	ents to be true and has duly cau	sed this notice to be signed on its beha	alf by the	undersigned
Issuer (F	Print or Type)	Signatur	Date		
Memor	ial Hermann Surgery Center Southwest, L.L.P.		June 16, 2005		
Name (F	Print or Type)	Title (Brint or Type)			
Chase	Nest	Vice President The Secu	rities Group IIC		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				АР	PENDIX				
1	Intend to non-a	to sell ccredited s in State ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ĺD									
IL									
IN									
IA									
KS									
KY									
LA									
МЕ									
MD									
MA									
МІ									
MN									
MS									

				APP	ENDIX				
l	Intend to non-a	I to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under Sta (if yes, explan	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV									
NH								ļ	
ŊĴ	· · · · · · · · · · · · · · · · · · ·								
NM									
NY									
NC	mucin							1	
ND									
ОН									
ок									
OR									
PA									
RI									
sc									
SD									
TN									
TX	X		limited liability partnership interests	29	1,417,500	3	120,000		X
UΤ									
VT									
VA									
WA									
wv									
WI									

				APPI	ENDIX				
	to non-a	i to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and archased in State C-Item 2)		under Sta (if yes, explana	attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									